

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/520 483</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> </tr> </table>		0	6	--	0	3	0	8
0	6	--	0	3	0	8				
<u>Rule change - 08 Dec 2004</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>Larry M. Johnson</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>DO/ED</u>		<u>X221</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/520 #83

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	150 =
TOTAL CHARGEABLE CLAIMS	<i>46</i> minus 20 = *	<i>26</i>
INDEPENDENT CLAIMS	<i>4</i> minus 3 = *	<i>1</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

	RATE	FEE			RATE	FEE
BASIC FEE			OR	BASIC FEE		<i>300</i>
EXAM. FEE				EXAM. FEE		<i>200</i>
SEARCH FEE				SEARCH FEE		<i>400</i>
X \$ 125 =				X \$ 250 =		
X \$ 25 =			OR	X \$ 50 =		<i>1300</i>
X \$ 100 =			OR	X \$ 200 =		<i>200</i>
+ \$ 180 =			OR	+ \$ 360 =		
TOTAL			OR	TOTAL		<i>2400</i>

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
X \$ 25 =			OR	X \$ 50 =		
X \$ 100 =			OR	X \$ 200 =		
+ \$ 180 =			OR	+ \$ 360 =		
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE		

	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
X \$ 25 =			OR	X \$ 50 =		
X \$ 100 =			OR	X \$ 200 =		
+ \$ 180 =			OR	+ \$ 360 =		
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.